

HEALTH
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Truro Rural District Council.



PUBLIC HEALTH REPORT

For 1945

A. R. FULLER, M.R.C.S., L.R.C.P., D.P.H.,
Medical Officer of Health.

Truro Rural District Council.

PUBLIC HEALTH REPORT YEAR 1945

Public Health Officers. Medical Officer (part time), holds diploma of Public Health, is also District Medical Officer (Perranzabuloe District) and Public Vaccinator for Perranzabuloe and part of St. Allen Parishes.

Sanitary Inspector. Mr. E. R. C. Harvey, Associate Royal Sanitary Institute, whole time. Appointed Meat Inspector under the 1934 Public Health Meat Regulations. Inspector under the Milk and Dairies Order, 1926. Inspector under County of Cornwall Act, 1929. (Ice Cream).

Additional Sanitary Inspector Mr. A. H. Bennett, M.S.I.A., whole time.

Additional Sanitary Inspector Mr. F. J. Harris.

Meat Inspector, Mr. G. T. Carter, is employed whole time at the Government Slaughterhouse.

The salaries of the first three officers are contributed to by the Ministry, under the Public Health Acts, or by Exchequer grants.

*To the Chairman and Members of the
Rural District Council of Truro.*

LADIES AND GENTLEMEN,

I beg to present my report on the Health and Sanitary conditions of your district for 1945.

NATURAL AND SOCIAL CONDITIONS OF THE DISTRICT

Area 106,504 acres. Rateable value £82,271 value of 1d. Rate £344.

Population :—

The estimated mid population for 1945 was 24,520. This indicates a decline of nearly 1,000 largely due to the return of evacuated persons to the large Cities. So long as rockets were coming over numbers of expectant mothers and children returned to the area and it was really only after the final collapse of Germany that the large scale return occurred

The number of summer visitors shewed a welcome increase but many of the health resorts in the area had minefields and defences against invasion still on the beaches as well as a large number of their biggest hotels requisitioned. A large proportion of the young residents in the area were still away on service and the proportion of elderly and very young evacuated persons high. Hence in spite of making adjustments on account of the normal age distribution of the population the death role for this year is higher than might have been expected in a year which was not marked by any serious epidemic.

Among the children in particular there was no evidence of malnutrition and very many of those from the towns returned there very much improved in body and mind by their long stay. Among the older people however the same conditions were not to be seen. Years of mental anxiety and strain in addition to longer hours of physical strain to which the women folk at home were subjected have left a deep and lasting mark.

The case of the elderly and especially of those who are infirm is a very pressing problem and was shewn up most acutely when so many young persons were in the forces or on war work. On their return to civilian life it will not be right to allow them to be saddled with the aged. Suitable bungalows and homes for these people will be needed throughout the area not institutions miles away from their own people.

Housing and re-housing in the area is a very big and pressing problem for all sections of the population. Improvement in the living conditions such as the provision of piped water supplies, electricity and drainage are essential if the big housing drive is to lead to a happier and healthier population.

Farming is the chief occupation in the district apart from the seaside resorts which cater for and depend largely for their livelihood on the summer visitors.

In order to attract them adequate water supplies are needed, satisfactory drainage and scavenging to prevent nuisances and spoiling of the countryside.

The farm labourer must be better housed hot and cold water, electricity and suitable drainage in order to make his country life comparable with that of the townspeople and bigger villages.

A very warm word of appreciation must be recorded of all the care and trouble taken by officials, voluntary helpers and residents who during the long years of the war contributed to make the evacuation scheme work so well and satisfactorily in the area.

A few families who had been bombed out and had no home to go to were the only remnant of the government evacuation scheme remaining in the district at the end of the year.

VITAL STATISTICS

Live Births :	TOTAL	MALE	FEMALE
Legitimate	376	189	187
Illegitimate	47	24	23
	—	—	—
Totals	423	213	210

Live Birth Rate :—15·6 per 1,000 of the population.

The drop from 19 last year is due to the end of the war and expectant mothers remaining in the towns.

The equality of the sexes in both legitimate and illegitimate rates is unusual

The presence of the Rosemundy Home in the area has to be remembered when considering the figures of illegitimate births.

Illegitimate Live Birth Rate 111 per 1,000 live births.

STILL BIRTHS.	MALE	FEMALE	TOTAL
Legitimate	11	3	14
Illegitimate	—	1	1
	—	—	—
Totals	11	4	15

Still Birth Rate :— '61 per 1,000 of the population.

Deaths :	MALE	FEMALE	TOTAL
	195	201	396

Crude Death Rate :—16'1 per 1,000 of the population.

This figure is misleading as already mentioned.

Death of Infants under 1 year of age :—

	MALE	FEMALE	TOTAL
Legitimate	5	3	8
Illegitimate	3	3	16

Infantile Mortality Rate 33 per 1,000 live births. An exceptionally low figure even in this area.

This rate compares with 46 for the country as a whole and shows a big drop from the year previous, which was 46.

The following death rates for certain diseases are worthy of comparison with those of the Country as a whole ; being the rate per 1,000 of the population.

Typhoid Fever	'00	England and Wales	'00
Measles	'00	„	'02
Scarlet Fever	'00	„	'00
Whooping Cough	'00	„	'02
Diphtheria	'00	„	'02
Influenza	'01	„	'08
Diarrhœa, Infants	'00	„	5'6
under 2 years		per 1,000 live births	

One death only occurred among cases of infectious disease and that was due to cerehospinal meningitis if one excludes the one death due influenza, testimony to the mild nature of the epidemic during the year.

Heart disease accounted for well over one quarter of the total deaths and intracranial vascular lesions for a considerable proportion. Cancer deaths particularly women showed an increase.

Deaths from tuberculosis showed a slight decrease.

	Deaths	Rate per 1,000 live and still births.
Puerperal Infection & post abortion sepsis	—	—
Other causes Maternal	1	2'3
Total	Nil	2'3

This compares with 1'46 for the country as a whole.

Detailed Analysis of Causes of Deaths.

CAUSES OF DEATH		MALES	FEMALES
ALL CAUSES		195	201
1	Typhoid and Paratyphoid Fevers . .	—	—
2	Cerebrospinal Fever ...	1	—
3	Scarlet Fever ...	—	—
4	Whooping Cough ...	—	—
5	Diphtheria ...	—	—
6	Tuberculosis of Respiratory System ...	4	5
7	Other Forms of Tuberculosis ...	1	2
8	Syphilitic Diseases ...	1	—
9	Influenza ...	2	—
10	Measles ...	—	—
11	Acute Poliomyelitis and Polioencephalitis ...	—	—
12	Acute Inf. Encephalitis ...	—	—
13	Cancer of Mouth and Throat (male) and Uterus (female) ...	4	4
14	Cancer of Stomach and Duodenum ...	5	3
15	Cancer of Breast ..	—	11
16	Cancer of all other sites ...	10	21
17	Diabetes ...	2	5
18	Intracranial Vascular Lesions ...	26	28
19	Heart Disease ...	57	48
20	Other Disease of Circulation ...	9	5
21	Bronchitis ...	6	8
22	Pneumonia ...	8	4
23	Other Respiratory Diseases ...	8	2
24	Ulcer of Stomach and Duodenum ...	3	—
25	Diarrhœa, under 2 years ...	—	—
26	Appendicitis ...	—	1
27	Other Digestive Diseases ...	4	8
28	Nephritis ...	6	5
29	Puerperal and Post Abortion Sepsis ...	—	—
30	Other Maternal Causes ...	—	1
31	Premature Birth ..	—	2
32	Congenital Malformation, Birth Injuries, etc. ...	5	2
33	Suicide ...	2	2
34	Road Traffic Accidents ...	2	1
35	Other Violent Causes ...	3	7
36	All other Causes ...	28	26

HEALTH SERVICES IN THE AREA

Nursing Arrangements. The district and parish nurses helped by Red Cross workers who had had the requisite training in hospital carry out the work of tending the sick. Additional assistance is available from the County Councils Emergency staff for cases of ophthalmia neonatorum and puerperal sepsis.

No special facilities otherwise for nursing infectious disease except for those cases removed to hospital.

Laboratory work. The greater part is now sent to Dr. F. D. M. Hocking's Laboratory, Royal Cornwall Infirmary, Truro.

Occasional uses made of the Clinical Research Association of Adelphi, London.

A free supply of diphtheria antitoxin is available for cases unable to afford it.

Alum precipitated toxoid provided by the Ministry of Health is issued to doctors for the immunisation of children up to 15 years of age as required.

LEGISLATION IN FORCE.

Adoptive Acts, Bye-Laws and Regulations relating to Public Health:—

Infectious Disease Prevention Act 1880, adopted 1899.

Public Health Amendment Act 1890, adopted 1893.

Public Health Amendment Act 1907 adopted 1913, so amended by the Public Health Act, 1936.

Housing (Rural Workers) Act 1926.

Such sections as are applicable to Rural District Bye-Laws:—

- i. With respect to new building, 1st July, 1896.
- ii. With respect to cleansing of foot ways and the cleansing of earth closets, ash pits, private and cesspools, adopted 1914.
- iii. With respect to nuisances, adopted 1914.
- iv. Registrations and Licensing of Slaughter Houses: Sections 169 and 170 Public Health Act 1878, adopted 1924.

Regulations under the Dairies, Cowsheds and Milkshops Order, 1895.

Registration of Ice Cream Manufacturers and Vendors, County of Cornwall Act 1929, adopted 1930.

HOSPITAL ACCOMMODATION

i. Fever. All cases of infectious disease, other than Small-pox, needing hospital treatment, are admitted to County Isolation Hospital, Truro.

ii. Tuberculosis. Tehidy Sanatorium near Camborne is available for the district; accommodation does not appear to be at all adequate.

Three beds are available at Didworthy Sanatorium for cases that live in Truro Rural District, however. little use is made of them as few will go so far from their homes.

A most serious defect is the absence of any special accommodation for advanced and highly infectious cases.

iii. Maternity. Wards are now available for special cases where home or other conditions necessitate hospital treatment, at the Women's Hospital Redruth.

There is now a Children's Ward with 10 beds in the Royal Cornwall Infirmary. This accommodation is inadequate.

Orthopaedic cases are now treated at the Royal Cornwall Infirmary, Truro.

There are also 8 Ophthalmic beds in the Hospital.

The Royal Cornwall Infirmary is available for surgical and medical cases. Still more beds are needed.

A few patients from the western part of the district find their way to the Miner's and Women's Hospital, Redruth.

Chronic sick are taken into the Public Assistance Institution, Redruth. This is outside the area and difficult for relatives to get at.

The same Institution also provides accommodation for unmarried mothers, illegitimate infants and homeless children.

The Rosemundy Home situated at St. Agnes and supported by voluntary effort is for unmarried mothers. There are 16 beds. Girls are kept there for 6 to 12 months and trained for domestic service with much success. Beds are being increased.

The Council does not support any of the hospitals.

The Bodmin Mental Hospital provides the accommodation for mental cases. Mentally deficient children are sent to the Elizabeth Barclay Home, Bodmin.

Puerperal Pyrexia. Where this is not due to an obvious infection connected with the actual birth, ordinary nursing facilities are made use of with additional help supplied from the Emergency Nursing Staff of the County Council.

There is limited accommodation available at the Royal Cornwall Infirmary for the really septic case.

X-Ray, opthalmic and massage departments exist at the Royal Cornwall Infirmary. The cost and difficulty of travelling to and from the outlying districts prevents many patients from having proper treatment. Radium treatment is provided at Miners and Women's Hospital, Redruth.

Ambulance Facilities. i. That belonging to the Home Ambulance Service of the Order of St. John and British Red Cross Society, stationed at Truro, is available for non-infectious and accident cases. A limited part of the area make use of that at Redruth. St. Agnes now has its own ambulance.

ii. Infectious cases. Ambulances are now sent from the Isolation Hospital.

There are no treatment centres or clinics in the area run by the Council; this work is carried out by the County Council, whose clinics are either in Truro or Redruth and Camborne.

Further hospital accommodation for surgical and medical cases is badly needed, also for children's diseases.

Beds should be available for old chronic and cancer cases preferably at not too great a distance from their homes and relatives.

SANITARY CIRCUMSTANCES OF THE AREA

WATER SUPPLIES

(a) Perranzabuloe.

During the year it has been possible to maintain a constant supply with the aid of the emergency sources and pumping plants. That of the Air Ministry at Blowinghouse was brought into use but for a much shorter period than that of last year. The emergency source at Mount was similarly brought into use but for a shorter period than that of the previous year.

The only complaints of shortage, particularly at week-ends, came, as in previous years, from the houses situated on the high ground at the top of St. Georges Hill, Perranporth. These houses, about twelve in number, being situated as they are about 15 feet below the T.W.L. of Silverwell Reservoir, it will be appreciated that conditions must be ideal to maintain a supply when there is a large draw off from the mains in Perranporth some 220 feet below.

Samples of the individual sources as well as the bulked supply, distributed through the mains, are taken at frequent intervals. The following is a typical report on a sample submitted for Bacteriological Examination.

Report No. 45/7934.

Water. Public standpipe, Perranporth.

Total No. Organisms growing at 37 deg. C. in 24 hrs:— 1 per c.c.

„ „ „ „ „ 48 hrs:— 46 per c.c.

„ „ „ 22 deg. C. in 72 hrs:— 11 per c.c.

B.coli absent in 100 cc.

B. aerogenes absent in 100 cc.

B.welchii present in 50 cc.

Streptococci absent in 100 cc.

(b) St. Agnes.

In this Parish which has over 50 miles of distributing mains, it has been possible to maintain a constant supply. The emergency sources and pumping plant here again were brought into operation for a much shorter period than that of the preceeding year.

Here, as in the case of Perranbabuloe, the reason for the lesser supplies from emergency sources was directly attributable to the absence of Service personnel stationed in the district in numbers comparable with that of the preceeding year. Another cause was the drift back to their homes of evacuees during the last six months of the year.

Here again samples are regularly taken and submitted to the Analyst for Bacteriological Reports. A typical Report is appended.

Report No. 45/7933.

Water. Public standpipe, Goonown, St. Agnes.

Total No. Organisms growing at 37 deg. C. in 24 hrs:— 0 per cc.

„ „ „ „ „ 48 hrs:— 22 per cc.

„ „ „ 22 deg. C. in 72 hrs:— 46 per cc.

B.coli absent in 100 cc.

B.aerogenes absent in 100 cc.

B.welbhii absent in 100 cc.

Streptococci absent in 100 cc.

(c) **St. Mawes.**

The supply here has been maintained as a constant supply. The emergency source at Trethem was used for a shorter period than in the preceeding year, mainly for the same reasons as that ascribed to Perranzabuloe and St. Agnes.

Samples are regularly taken and Reports for Bacteriological counts are given by the Analyst. Here is a typical Report.

Report No. 45/7227.

Water. St. Mawes Lloyd's standpipe.

Total No. Organisms growing at 37 deg. C. in 24 hrs:— 5 per cc.

„ „ „ „ „ 48 hrs.:— 33 per cc.

„ „ „ 22 ded. C. in 72 hrs:— 88 per cc.

B.coli absent in 100 cc.

B.aerogenes present in 1 cc.

B. welchii present in 50 cc.

Streptococci absent in 100 cc.

(d) At Flushing the water was "turned off" for several hours per day during the summer months. The Council have during the year arranged with the War Department to pay the difference between the cost of 3" main which the Department proposed to lay from the Corporation's main at Penryn to Mylor for a Military Camp, and that for a 5" main which would ultimately be utilised by the Council for the supply of water to Flushing and the other populous village - Mylor Bridge - in Mylor Parish.

It is hoped that now that hostilities have ceased that the scheme submitted to the Ministry of Health will soon be proceeded with, thereby giving Flushing an adequate and constant supply of water, something which the inhabitants have not enjoyed for very many years.

(e) The privately owned supply at Devoran has not broken down as in the previous year, but complaints were received of lack in the summer months. This, no doubt, was due to the owners' desire not to have a repetition of the previous summer's experience, and they gave an intermittent supply.

Wells and Springs.

These have been sufficient to meet the ordinary needs of the more rural population.

New pumps for village wells have been unobtainable and in some instances hardship has been created by people having to go further afield - in some cases more than $\frac{1}{2}$ a mile, for their domestic supply.

Water Survey.

The survey of the water supplies in the County now being undertaken by one of the Ministry of Health Inspectors, is awaited with interest by the Council as affecting their area.

The need for a pure and wholesome milk supply has never been focussed on to the public mind more than at present. How can clean milk be produced without an adequate water supply, and there are hundreds of producers in the Council's area who are so placed. The public who now pay at least three times more for their milk as in pre-war times are demanding a clean milk with the associated "keeping" quality.

Chlorination of Water Supplies.

The whole of the water at Perranzabuloe and St. Agnes is chlorinated, whilst that of the Trethem source at St. Mawes is similarly treated.

Schemes for Water Supply. The Council are dealing with schemes for the supply of water to Chacewater and district from a source at Penstraze.

They are also considering supplies for (a) Newlyn East and Cubert, (b) Ladock, Grampound Road, Tregoney, Probus, Veryan, Gerrans and Portscatho, (c) Making the emergency source an Tretthen into a permanent one, (d) Perranarworthal, Gwennap, Feock and part of Kea.

They have appointed a Consultant to advise them in these and other matters.

The scheme for the supply of water to Playing Place, Kea, housing estate (private) has been completed after a long delay between signing the contract and the water being available to the householders.

No extensions of existing water supplies have been undertaken during the year.

Schools. The position in regard to school water supplies is generally the same as in previous years.

Sewers and Sewerage. No additional sewers have been constructed during the year.

The pumping plant at Perranporth has functioned satisfactorily although at times it has given anxiety in the acquisition of replacement parts now showing signs of 12 - 14 years wear.

Scavenging. Collection of House Refuse.

The collection of house refuse from the larger villages has been maintained on a weekly basis. Other smaller villages and hamlets have a fortnightly collection.

Semi controlled tipping is the method of disposal.

Conservancy. As in the previous year the Council are emptying the closet buckets at Flushing. It has, at times, been difficult to maintain this service as with alternative employment abundant men generally avoid an unpleasant vocation such as this.

Closet Conversions. Sixteen conversions of Midden or Pail Closets to Water Closets have been made during the year. These are usually isolated dwellings or farmhouses and the disposal of drainage is a cesspit.

Salvage. Waste Paper, Bones and Textiles amounting to 71 tons and of a value of £500 have been collected and disposed of during the year.

Public Conveniences. The conditions as mentioned in last year's Report appertain to the position in regard Quay, St. Agnes and Chapel Porth.

St. Mawes, Portscatho and Churchtown-St. Agnes have been in use.

Housing. No of Houses inspected under the Housing Acts, 98.

No. of Houses inspected under Public Health Acts—61.

No. of Inspections of Houses requisitioned under Defence Regulations—66.

Owing to the shortage of labour and materials it has been very difficult for any repairs or maintenance work to be done.

Many of the old cottages, which normally get an annual maintenance overhaul have had nothing spent on them for 6 years or more. The present position being that many have reached a stage that they cannot be rendered habitable at a reasonable cost.

The Council, through its Housing Committee, are devoting long hours in promoting its Housing Scheme, and in quire a number of cases sites have been acquired and agreement reached with the various Ministries concerned and the County Council Tenders have been invited for the erection of 43 houses and a start has already been made.

It is fully realised the serious effects bad housing conditions have upon the health of the present, and the coming generation as regards its moral and physical wellbeing. All the vast sums of money to be spent on the new schemes are a sound national investment.

Royal Housing Survey. The Council are undertaking a survey of all houses in its area of a Rateable Value of £16 and under. They have appointed an additional Sanitary Inspector—Mr. Harris to carry out the survey. He commenced duties on the 1st November. The survey up to the end of the year revealed the remarkable position of 100 houses in 382 inspected being placed in Category 5. A full Analysis covering the above period is appended.

Total of Houses inspected up to 31st December, 1945
382

PARISH	CATEGORIES					TOTAL
	1	2	3	4	5	
Chacewater	2	3	78	65	59	207
Cuby		3	7	7	1	18
Feock		2	6	2		10
St. Just-in-Roseland					2	2
Tregoney	5		15	86	38	144
Veryan				1		1
	7	8	106	161	100	382

It should be explained that Mr. Harris was directed to commence his survey in the villages in which the older type of house predominated.

FOODS

The Government Slaughterhouse at Chacewater which deals with the Meat supply for the whole of the Rural Area as well as that of Truro City, has apart from some complaints by near-by residents as to smells from overflowing Cesspits, given no cause for action on the part of the Council.

Mr. Carter the Council's Meat Inspector reports :

Summaries of Meat Condemned at Chacewater Slaughterhouse during the year 1945.

Animals Inspected, Cattle :—(2178.)

Steers - 842, Heifers - 421, Cow Heifers - 133, Cows - 708, Bulls - 74, Sheep - 7586, Calves - 2248, Pigs - 88, Sows - 24, Boars - 7.

Carcases Condemned :—

Heifers 17, Cows 114, Bulls 3, Steers 10. = 144. = 57,786lbs.
Calves 6, Lambs 18, Sheep 40, Pigs 9, Sows 2, Boars 1.

Principal reasons for condemning—Bovine :—

Heifers 7, T.B., 2 Pyaemia, 1 Gangrene, 2 Fever, 3 Peritonitis,
1 Moribund, 1 Enteritis.

Cows—66 T.B., 2 Johnes Disease, 3 Metritis, 11 Oedema,
9 Gangrene, 5 Fever, 1 Uraemia, 5 Hydraemia, 4 Enteritis,
2 Anaemia, 4, Peritonitis, 2 Pneumonia.

Bulls—1 Johnes Disease, 1 Fever, 1 T.B.

Steers—6 T.B., 2 fever, 1 Enteritis, 1 Gangrene.

Organs etc. Condemned :—

Ox Livers 586, Hearts & Lungs 382, Lungs 260, Heads 369,
Tripes 284, Spleens 147, Mesenteries 144, Part Livers 400,
Kidneys 149, 16 Fores & 5 Hinds,—Local affections, 3520 lbs.

Sheep livers 548, Pigs Heads 4, Pigs Plucks 13.

Broken legs, Trimmings etc. 36 instances—849.

Frozen Meat at Depot, Bone Taint etc. 132 lbs.

Corned Beef—126 6-lb. tins, 121 12-ozs. tins.

Corned Mutton—26 6-lb. tins.

Total Weight Condemned :—98,245-lbs. = 43. 19 tons.

From the foregoing it will be seen the measure of protection the consumers get in centralised slaughtering where all animals are subject to a close inspection which was an impossibility in pre-war days when there were 70 private slaughterhouses scattered throughout the 106,504 acres which compose the Rural District area, and where slaughtering was being carried out simultaneously in Slaughterhouses 20 miles or more apart.

Rodent Control. The Council in conjunction with Truro City Council employ a Rodent operator who has been trained by the Ministry of Food in their methods for the extermination of Rats and Mice. Such a step being necessary on account of the Cornwall Connty Council's failure to function the Rats and Mice. Destruction Order or delegate their powers to Local Authorities until pressure was brought to bear by the M.O.F. in the later respect.

In a Rural area where transport is practically non-existent in the remote parts one would have thought that the Cornwall War Agricultural Executive Committees operators could have more successfully dealt with non-agricultural premises when visiting agricultural premises "over the ledge". They—the W.A.E.C. having a well organised fleet of Lorries and cars for the purpose.

Infectious Diseases. An unusual feature was another epidemic of measles, nearly 400 cases following one the previous year as most cases occurred in the middle six months of the year complications were few and deaths nil.

Scarlet Fever of a mild type was more prevalent and only cases where isolation was not possible or milk supplies were endangered were cases removed to hospital.

Whooping Cough was prevalent but again in the summer months of the year with no deaths. Several cases of pneumonia but less than in 1945 occurred in the early part of the year and some cases particularly in old people were fatal.

Diphtheria. A few cases occurred at intervals throughout the year and more than half the total cases occurred in people over 15 years of age. At no time was there an epidemic and it was difficult to trace the source of the infection.

All the cases were mild and it is easy to anticipate that some mild cases and previously immunised were never detected or that they were temporarily healthy carriers.

Immunisation is carried out by the family doctor at the Council's expense at his surgery with alum precipitated toxoid provided by the Ministry of Health.

It would now appear wise that all children immunised at 1 year or who were of the school age when immunisation was started in 1940 - 1941 should have a booster dose on starting school or about 5 years after their original immunisation. About 175 children under 5 have been immunised and 65 between 5 and 15 years of age most of the older children having been done in 1940 and 1941. There is still some lack of desire to protect older children most of the under 5 year olds being 1 year when done.

Pneumonia the number of cases shews a good reduction over the previous year no doubt due largely to the mild type of influenza and absence of severe weather of any note.

Dysentery. A small number of cases were reported but no definite organism was found to account for them by the pathologist. Paratyphoid fever claimed one small victim and was type 1 infection not encountered in this area since the new method of typing the organisms was introduced. The 5 cases of Puerperal Pyrexia indicates only that five cases of fever raised temperature occurred in women within a certain period of being confined.

Scabies and impetigo. Several families were found to be infected with the former disease and one can only still feel that the disinclination to seek treatment for this condition early is that it indicated to the public a lack of cleanliness of which they were ashamed. A number of odd cases as well as the families were dealt with at the special hostel which was necessary on account of the lack of bathing facilities in the home. Impetigo never reached serious proportions odd cases being dealt with and stamped out quickly, only one or two of the chronic scabies cases which had become infected proving troublesome.

The number of visits paid in connection with infectious and contagious diseases was 98. The accompanying tables set out the sex and age distribution of the cases notified and it is most noticeable that except for pneumonia and erysipelas the sexes are very evenly affected.

No use has been made of the Schick or Dick Tests during the year.

No vaccinations have been performed under the 1917 Public Health Regulations,

Cancer. In spite of the use of radium at Redruth hospital and its wide use deaths have increased particularly among women and more than ever it would appear that radium like surgery to be curative must be used early.

Infectious Diseases

Notifiable diseases (other than Tuberculosis) during 1945

Age Group	Scarlet Fever		Whooping Cough		Measles		Diphtheria		Acute Poliomyelitis	
	M	F	M	F	M	F	M	F	M	F
0	1	—	7	8	4	11	—	—	—	1
1	2	1	13	5	17	21	—	—	—	—
3	3	4	10	12	34	32	1	—	—	—
5	5	13	18	14	83	81	—	2	—	—
10	5	4	2	4	28	31	2	2	—	—
15	1	1	—	2	14	6	5	2	—	—
25	3	4	1	5	7	9	—	2	—	—
& over										
Age un- known	1	1	—	—	1	1	—	—	—	—
Totals	21	28	51	50	188	192	8	8	—	1

Age Group	Pneumonia		Dysentery		Paratyphoid Fever		Erysipelas	
	M	F	M	F	M	F	M	F
0	6	3	—	1	—	1	—	—
5	5	1	—	—	—	—	—	—
15	3	2	—	1	—	—	—	1
45	2	1	1	1	—	—	—	3
65 & over	2	—	1	—	—	—	—	1
Age Unknown	1	1	—	1	—	—	1	1
Totals	19	8	2	4	—	1	1	6

Puerperal Pyrexia 5 cases. Cerebrospinal Meningitis 1 case a boy under 5 years of age.

Tuberculosis

New cases and Mortality in 1945

	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0—1	—	—	—	—			1	1
1—5	1	1	—	—				1
5—10	—	—	2	—				
10—15	1	—	—	—				
15—20	1	1	—	—				
20—25	2	1	—	—		1		
25—35	1	1	—	—		1		
35—45	3	—	—	—	3			
45—55	2	3	—	1	1	1		
55—65	—	—	—	—		2		
over 65	—	—	—	—				
Totals	11	7	2	1	4	5	1	2

84% of cases were notified before death. These figures show an increase in male pulmonary notifications due to service cases and a welcome drop in non-tubercular ones, in fact only half.

Deaths are almost identical with the year 1944 with a smaller population. The lot of the unfortunate worker who gets this disease has been eased owing to the better allowances.

Delay in getting sanatorium treatment is still just as serious and long owing to bed shortage and this must also influence the length of stay in the sanatorium.

The problem of the advanced and chronic cases is a very serious one.

Many of the new cases are now notified and treated early and therefore have a good expectation of life under suitable conditions so that it is to be hoped that the present increase in pulmonary notifications will not in the near future be reflected in an increased number of deaths.

A. RADBURNE FULLER.